

<p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS <i>Patent</i></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Patent Number	7,144,712
	Issue Date	December 5, 2006
	Application Number	10/630,074
	Filing Date	July 30, 2003
	First Named Inventor	David R. MILICH
	Attorney Docket Number	643802000200

Please change the Correspondence Address for the above-identified patent to:							
<input checked="" type="checkbox"/>	The address associated with Customer Number:	20872					
OR							
<input type="checkbox"/>	Firm or Individual Name						
<p>Address</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">City</td> <td style="border: none; width: 30%;">State</td> <td style="border: none; width: 20%;">ZIP</td> </tr> </table> <p>Country</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Telephone</td> <td style="border: none; width: 50%;">Email</td> </tr> </table>			City	State	ZIP	Telephone	Email
City	State	ZIP					
Telephone	Email						
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).</p> <p>I am the:</p> <p><input type="checkbox"/> Patentee.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number 51,934 .</p>							
Signature /Christine A. Lekutis/							
Typed or Printed Name Christine A. Lekutis							
Date July 21, 2008	Telephone 415-268-7060						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
<input checked="" type="checkbox"/>	*Total of 1 forms are submitted.						